## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/598735

FILING DATE

APPLICANTISI

CLAIMS

CLAIMS													
	AS FILED		AFTER CAMERDMENT		APTER 1"AMERDMENT			AS FILED		AFTER L'AMENDMENT		AFTER.	
-dent-milet-post-	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	The state of the s		The second second
			7.		***************************************		51		***************************************	THE TANK	DEP.	IND.	DEP.
3					-		52	****	************	***************************************	**********	Market and the same dept.	41
2						<del></del>	53		,	In the second		Hammanapassa	Name and Address of the Owner, where
5					**************	Party turned, u.e.	54	**************		+	***************************************		-
6		************	*		***************************************	*****	55		-	****	*	William Andrewson	****
7					***************************************	-	<u>56</u>	***************************************			-		
8	***************************************	1	-				58	***************************************		***************************************	· · · · · · · · · · · · · · · · · · ·	-	1.
10	***************************************			-			59		4.7		******		
11	***************************************					***************************************	60					-	*****
12			-	***************************************	- <del>1</del>		61					*	
13					<del>(,, , , , , , , , , , , , , , , , , , ,</del>		63	-			-		
14 15				,,			64.						
16							65						-
17							66					***************************************	
18	-						67						
19		*****					69						
20 21							70				-		
22							71 72						
23							73						1
24 25							74						
26	<del></del>	•					75 76			-			
27						<del></del>	77				-		
28 29							78						
30		·					79						
31				<del>~~~~~~</del> .			80 81						
32							82						
34							83						
35	****		***********				84			-		-	
_36.					-		. 86	-					
37		***********			************	-	87		***************************************			-	
38 39							88						
40							90						
41							91						
42							92		****	-			
44	-						93						
45	/						94 95		********			······	
46						-	96						·
47							27		· · · · · · · · · · · · · · · · · · ·		·····	······································	
48.				***			98						
50							99						
TOTAL IND.	2	T.		4			100 TOTAL IND.			-			1
TOTALDET	16	du	<u></u>	4			TOTALDER				4		4
CLABAS							TOTAL			- 1		T	**
	(REY: 1104)	,		Sauline Towns and Sauline			CLAMS	• •	U.S. DEFART	WENT +CO	MMERCE		
- Annual September	4224 14 11[44]	****	<del>Maraner en d</del> agen			• 		·	Palent and Ty	ndemark Offi	<b>!</b>		